

LAWRENCE B. SMITH LCSW-C, LICSW
9305 MINTWOOD STREET
SILVER SPRING, MARYLAND 20901
TEL & FAX: {301} 588-1933 E-MAIL: lsmith@md.net

PARENTING THE CHILD WITH ATTACHMENT DIFFICULTIES

WHAT DOESN'T WORK

1. Rescuing the child from the consequences of her behavior and / or attempting to solve the AD child's problems for her.
2. Emotional reactivity. AD children experience parents' frustration and anger as proof that the child is effectively controlling his parents' emotions. This only inflates their grandiose sense of power.
3. Attempting to persuade the AD child to change his mind by presenting "logical, reasonable, or "practical information". AD children are highly unlikely to be influenced by reasonableness. Adult efforts to do so look "stupid" to an AD child and can intensify his lack of feeling safe.
4. Negotiating with an AD child.

PHILOSOPHY

While love and parental common sense are necessary ingredients to successfully parent a child with attachment difficulties, they are rarely sufficient. This is due to the fact that most children with attachment problems are too guarded and too distrustful to receive the love and support that parents may be offering. The foundational issue for AD children is not love, but safety. In the absence of safety, love becomes an unaffordable luxury.

It is the pursuit of safety that leads AD children to be as strategic and controlling as they are. "Control" has become a prominent word in the attachment world as though it were the problem itself. This leads to conceptualizing parenting AD children as too often a "battle for control" which the parents must win by wresting control from the child. While there is some truth here, this thinking mistakenly defines "control" as the problem whereas it is really only a symptom. "The problem" is a lack of feeling safe in the world, and "control" is no more than a compensatory attempt to make up for the sense of safety that is missing. It is important that parents remember that they are aiming to create a feeling of physical and emotional safety that their child has not known previously, not simply to win a "war for control".

With safety in place, a bridge develops across which love can flow. Think of safety as converting an "unteachable student" into a teachable one who can now start to learn the lessons of love. Safety makes love "affordable" for the AD child. Parenting an AD child at this point begins to resemble the more conventional, common sense parenting of a child without attachment difficulties.

The specialized parenting techniques outlined below are all aimed at gradually creating safety for the child and removing the child's blocks to receiving the love that the parents have to give. Many of these techniques are somewhat counterintuitive and reflect the

fact that if everything that typically makes sense has been tried without success, than anything else will seem at first not to make sense.

The parental qualities that are most successful with AD children are: sense of humor, curiosity about how things will develop vs. an exclusive focus on the end result, ability to meet the child where he is vs. where the parents want him to be, and emotional availability and responsiveness. Even when parents have most of these qualities, children with attachment problems can be very exhausting whether the parents are adoptive, foster, or biological. AD children have a sixth sense for finding every button a parent has and pushing them all. If you have reached the point of feeling ineffective and discouraged, that is a warning signal that professional assistance should be considered.

A word or two about brain growth and change. The brain adapts to experience, not to information. In this digital age, the tendency to overvalue the impact of information itself, disconnected from experience, has mushroomed. As H.L. Mencken put it, “For every problem there is a solution which is neat, believable, and wrong.” Information is not useless, but by itself, it does not fundamentally lead to change in children, or adults, for that matter. If it did, you probably would not be reading this right now. The mental health of children in the United States has been declining gradually, but steadily, since the 1950’s. All of our digital abundance has done nothing to reverse that trend. So, the message is, to facilitate growth in your children, give them new experience, not simply new information.

A final word / warning: do not care about your child’s problems more than she does. AD children are quite content to allow the adults to carry the worry while they continue the behavior. Nothing is likely to change as long as you are more anxious about your child’s behavior than she is. So, parents need to be careful not to take on anxiety that truly belongs to your child. Parents cannot make their child better. Parents cannot make their child do the work they need to do to grow. Parents cannot make their child be successful. In the spirit of counter intuitiveness, acknowledging that your child has the freedom and the power to make a mess of her life increases the chances that she won’t.

TEACHING / LEARNING

1. PHYSICAL TOUCH: AD children are often touch avoidant. Parents should not let this intimidate them into rarely touching their child as touch is a cornerstone of attachment. Therefore look for opportunities for physical contact during calmer moments. Scheduling time for nurturant holding is another option. However, it is not recommended that physical contact be imposed over a child’s oppositionalism should that occur. To attempt to do so only contaminates the notion of physical affection with more conflict and tension which “poisons the well”. It may be better to look for a more propitious moment at another time. AD children also often need to be taught how to relax into being touched as they frequently develop an almost reflexive stiffening or bracing in response to touch.
2. EYE CONTACT: As long as an AD child does not have consistently good eye contact, working on eye contact should be a priority. Good eye contact is the basis for the child learning to “take the parent in emotionally”. Without this “taking in”, an AD child is less likely to develop an emotional connection to parents. If a verbal cue is not sufficient to restore eye contact, parents can: 1) gently place their hands on either

side of the child's head and turn it or, 2) tap the child lightly on the cheek until her head is pointed towards the parent. Some judgment needs to be exercised here. "Getting eye contact" in any given situation, is not one of those battles to be "won" at all costs. This only contaminates eye contact with tension and conflict, like physical touch above. In addition, remember that extended eye contact in a relationship with a power differential (parent-child) tends to make the one with less power feel defensive. This is unlikely to lead to emotional connection. Do express pleasure and appreciation when eye contact is given.

3. **EMOTIONS**: AD children usually need to be taught about their feelings. Some of them are so disconnected from their bodies that not only don't they experience their feelings, they are often unaware of physiological sensations like cold, warmth, pain, hunger, tiredness, etc. They need help with just identifying that they are having a feeling or sensation. In addition, they need to be taught the language of feelings and to apply the correct word to the correct feeling state {much like would be done with a pre-school child}. This task is usually best accomplished if feeling words are limited to the following choices: happy, disappointed/sad, mad/angry, embarrassed/ashamed, and worried/nervous/afraid/scared,. AD children need help learning to read physical sensations {knot in stomach} as signals of feelings {nervousness} happening at the same time. Making photo flip cards can be a useful tool here. The child is asked to make faces representing different feelings. If the faces are accurate representations, photograph them and put them on cards. These can then be used to help identify feelings when they are running strong.
4. **THINKING CONNECTEDLY**: Because their early histories usually lack reliable, predictable caretaking, AD children tend to perceive the world as a fragmented place in which things are discrete and separate rather than connected. They are apt to see feelings and behavior as just "happening" without influencing each other. AD children need to be taught, over and over, that behavior is connected to triggers on the front end, to choices in the middle, and to consequences on the back end. The same is true of feelings; they need to learn that feelings are connected to triggers on the front end, to some form of expression (bodily, behavioral, or verbal) in the middle, and to outcomes on the back end.
5. **CHOICE**: Because of disconnected thinking, AD children commonly lack any real concept of personal choice in their world view. They must first recognize connections between things before they can grasp how their choices affect the connections. Remedial education is in order here. AD children need to have connections of all kinds made for them repeatedly before the concept begins to take hold. Connections between triggers and feelings, between feelings and behavior, between behavior and its results, connections across time, and connections across situations are all examples. Visual aids (drawing) are useful supplements to verbal explanations.
6. **BEHAVIOR**: AD children tend to see only the payoff of their strategic behaviors as that is what's immediately relevant. Consequently, they rarely have much understanding of what their behaviors may be costing them. It is useful for parents to point out these costs to teach that behavior doesn't come "free". Setting up experiences to make those costs real can be very effective. (Example: A child who lies has almost never given any thought to the fact that this behavior costs him his believability.

Besides pointing this out to the child, parents can warn him that the time will come when he will really want to be believed about something ((the boy who cried wolf)), but the parents won't be able to. Then just wait for that opportunity to arrive- that's when the learning will begin to set in).

7. **TIME:** Because AD children typically have a distorted sense of time that lacks reliable continuity running from the past, through the present, and out into the future, they import things from the past into the present, believing those things belong in the present. These misplaced imports in time usually compromise the child's present functioning. To prevent this, AD children literally have to be taught a sense of linear time and this involves repeated instruction in the difference between then and now. Much of this can be done by reiterating the concrete differences between "then vs. now" and the use of a visual time line.

GUIDELINES

1. **SAFETY:** Maintaining the physical safety of people and property should always be parents' top priority. This always takes precedence over doing something to promote attachment, to encourage better behavior, etc.
2. **LOVE:** Offering and expressing love is the parents' responsibility. Receiving love (letting it in) is the child's responsibility. Parents too often take the responsibility completely onto themselves to find a way to "get their love in". It is far more helpful to your child to challenge him (softly) about his methods for keeping their love out and to remind him it is his choice to remove those obstacles or not.
3. **RULES:** Behavioral rules need to be specific, clear, and phrased in behavioral language that states what the child needs to do vs. not-do or stop doing. The rules need to be stated proactively because the unconscious mind does not process negatives. Thus, negatively stated rules actually increase subconscious focus on the behavior being prohibited. This increases the future chances that the undesirable behavior will reoccur. The rules need to be communicated with the expectation that they will be learned and followed. This is best conveyed with a matter-of-fact tone of voice that is free of any emotional edge. *Example:* "You will go to your room right after dinner and do your homework." Thanking the child in advance for his cooperation can improve compliance. The interaction should be broken off after the parent expresses gratitude for expected compliance. In addition, establish the ground rule ahead of time and always in play, that the AD child needs to ask what the rules might be for anything that has never been discussed before. This removes avoidance efforts by way of ignorance, from the AD child's repertoire.
4. **ACCESS TO THINGS:** Prohibit access to any item that is not used for its appropriate purpose (Example: using toys to ignore the parent). The child's misuse of the item is explained as a lack of knowledge (Example: "Toys are for playing with- not for ignoring your parents. So it seems that you are confused about the purpose of toys. Therefore, it wouldn't be good for you to keep using things you are confused about"). Access is allowed again only after the AD child has: 1) behaviorally demonstrated responsible behavior with things for some significant time period, and, 2) given a verbal promise to use the item in the proper fashion in the future. This promise must

be restated in full, by the child. Just agreeing with the adult's rendition of the promise is insufficient.

5. **DISCIPLINE:** In disciplining an AD child, speak succinctly without defending or explaining the discipline. This minimizes the chances of either overwhelming the child with too much information or providing information that can be used for evasive, argumentative purposes. In addition, explanations undercut parental authority for they imply that the authority rests on the explanation rather than on the parent's role. Discipline is best carried out in a matter-of-fact manner, in the style of: "Nothing personal- it's just business". Disciplinary interventions should not be emotionally driven. Emotionally charged behavioral interventions tend to be ineffective because they increase the child's sense of being unsafe, and the child is apt to counter by repeating behaviors she knows will upset her parents.
6. **CONSEQUENCES:** When imposing what would typically be time-limited consequences, don't automatically give the AD child a definite amount of time that the consequence will last. Instead of making the consequence end after a certain amount of time has passed, base its ending on a behavioral change criteria. The consequence ends when the child changes the behavior that led to the consequence in the first place. That change should have occurred not just once or twice, but often enough and long enough that the parents have begun to expect it. This puts the responsibility for the consequence ending, totally on the child.
7. **CONSEQUENCES / EMPATHY:** When imposing a consequence as part of discipline, offer emotional support (empathy) for the hardship that the consequence will cause the AD child. Communicate your understanding that being disciplined probably feels like humiliation and this will lead your child to want to misbehave. Nonetheless, you expect that she will make a good choice even though she does not want to. This both preserves attachment while maintaining discipline. Let go of any anger that remains after imposing a consequence or you run the risk of sabotaging the effect of the consequence.
8. **INFORMATION:** It is fine to withhold information from AD children, even information they directly ask for, when parents have a sense that that information will somehow be misused. It is instructive to tell your child that you are not providing the information requested because her past behavior (you are teaching connected thinking by doing this) has shown you that she is most likely to use the information poorly.
9. **GIVING / RECEIVING & GUILT:** Avoid giving an AD child much more than she can give back. Doing so reliably stirs a sense of guilt in the child as not deserving what has been given to her. Guilt in AD children practically guarantees behavioral deterioration soon afterwards. It is for this reason that gifts at birthdays and holidays should be moderate in amount.
10. **EMOTIONAL CONTAGION:** Emotions can be passed from one person to another much like colds. This is emotional contagion. It is driven partly by rapid nonverbal mimicry, particularly of other's facial expressions, and the associated internal sensations. This phenomenon occurs in infants only a few days old. Once people start mimicking facial stimuli, they often rapidly experience the emotions that are

connected to these stimuli. Hence, it is important for parents to monitor their facial expressions when interacting with their AD child so their expressions don't act as a source of unhelpful emotional contagion.

11. **APPRECIATION / PRAISE:** After an AD child reluctantly makes a cooperative choice, appreciation is often a better parental response than praise. Appreciation puts parent and child on the same level for that interaction. Praise, on the other hand, can suggest that the one offering the praise (parent) is the more powerful one, and therefore able to pass judgment on the less powerful one (child). Praise is, after all, every bit as much a judgment as is criticism. Praise can run the risk of the child feeling the parent is rubbing his face in "the parent having won". This can generate anger which may undo the cooperative decision right then, or may fuel oppositional behavior in the future. Appreciation can avoid those risks and can strengthen the parent-child relationship.
12. **ADVICE:** Never offer an AD child help or advice without first asking the child if he wants it. This question forces the AD child to take some responsibility for stating what he wants in order to get it- this is priceless practice. Additionally, it helps parents avoid the frustration of offering advice only to have it rejected out-of-hand because the child wasn't interested in solving the problem in the first place. If the child says he does not want advice or assistance, do not offer it anyway. Just drop the subject and move on. This holds the child accountable for his negative answer. When the child gives parents orders, as AD children do, politely inform him that you did not ask for his advice and when you do want it, you will be sure to ask him ahead of time. This can work better than reprimanding the child for being rude or disrespectful.
13. **UNPREDICTABILITY:** An unpredictable range of parental responses and consequences is useful to keep the AD child a bit off balance. This sounds counterintuitive because safety is so linked up with consistency in the common sense parenting world. AD children see consistency, not so much as indicating safety, but as making it easier to strategically protect themselves because they can reliably predict what the adults are going to do. So, the element of surprise is a powerful tool for parents of AD children because being surprised interferes with AD children's efforts to strategically maneuver. In addition to unpredictability, being vague at times is also useful because AD children tend to scan situations very quickly in order to try to figure them out. Parents being vague blocks this "hypervigilant radar" and this again can disrupt efforts at control. Parenting strategies also need to be switched over time, particularly if they are being successful, so as not to wear a strategy out by making it too predictable or routine.

SPECIFIC INTERVENTIONS

1. **ATTENTION:** Since attention activates thoughts, feelings, and behavior, a useful question to ask your child from time to time is, "What are you paying attention to that is leading to this behavior?".
2. **DISTRUST OF SELF:** Describe how everything the AD child does that is not real (making up answers, fake emotion, playing dumb, fake laughter, "forgetting", etc.) teaches him to be distrustful of himself while he thinks he is fooling everyone else. Point out

how he will tell himself it is other people he can't trust while he remains unaware of his extensive distrust of himself. Explain how he has become so skillful at fooling himself that sometimes he really doesn't know what he is doing. Reframe "I don't know" answers as "pretending not to know" and tell the child that he has been pretending not to know for so long, he can no longer tell the difference between pretending and really not knowing. Should the child disagree, just point out that time will make it clear whether he has fooled himself with his own pretending, or he really doesn't know. This approach can be supplemented by suggesting that the AD child doesn't even believe himself when he takes extreme or absolute stances. The goal here is to create a split within the AD child so he begins to question his snap judgments and strategic maneuvering. When challenging an AD child's thinking, it is helpful to tell the child up front that he probably won't believe you. This creates a paradox the child cannot escape with simplistic control maneuvers.

3. **BELIEF VS. TRUTH:** Explaining the difference between belief and truth is useful. The central ideas are that people frequently believe things that aren't true and disbelieve things that are true. What someone believes and what is true don't necessarily have anything to do with each other. This then becomes the basis for suggesting that the AD child may be fooling herself into thinking that some things are true just because she believes them. This can further promote some self-reflection on the child's part.
4. **FORGETFULNESS:** Forgetfulness should never be accepted as a valid reason for avoiding responsibilities or consequences. Instead, forgetfulness is framed as an intentional choice and the AD child has taught her brain to forget things she doesn't want to remember. The solution that is presented to the child in this situation is to sharpen her memory in the future or find a way to help herself remember. The child is held accountable for the act of remembering.
5. **VICTIMHOOD & RESPONSIBILITY:** When self-pity, which usually takes the form of blaming others, while playing "victim", is used by the AD child to try to get parents to lower their expectations, parents should simply tell the child that he is choosing to feel sorry for himself and that is an easy out which the parents will not support. Empathy is the last thing to offer the AD child in such situations- that would essentially be enabling. Instead, the goal is to use the situation to promote personal responsibility for the AD child. Holding a child accountable often involves making restitution to the person negatively impacted by the child's behavior- this is action and not simply a "pro forma" verbal apology. As part of role modeling responsibility, avoid the phrase, "You made me feel...". This is a terrible phrase and one that is fundamentally inaccurate. It assigns responsibility for the speaker's feelings to the other person, leaving the speaker in the role of "victim" and demonstrating the opposite of responsibility. If you are not responsible for your feelings, your child will not learn to be responsible for his.
6. **PROMISES:** When accepting a promise from an AD child, remind her that should she choose to break it, she will really hurt herself because she won't be able to use promises in the future as a way to obtain something she wants from her parents. She will then have the added burden of having to figure out how she can earn the adults' trust back. Never accept a promise from an AD child who already has a track record of broken promises that has not been corrected sufficiently to have earned trust back.

7. **DEMANDINGNESS**: AD children can be demanding, and often so. Occasionally ask your child, when she makes a demand, “What is in it for me?”. This can be an effective reminder that relationships are reciprocal.
8. **CROSS-TALKING**: If there are two adults available, cross-talking is a useful technique. Here, the adults talk to each other, with the child present, in order to convey information they want the child to hear. This makes it more difficult for the child to mount an argumentative response. The adults might simply be hypothesizing about what may possibly be going on with the child. Cross-talking should be kept fairly short or the AD child may tune it out.
9. **UNRESPONSIVENESS**: When attempting to talk with an AD child who is not responding at all, one can try role-playing the child and speaking what you think the child would be saying and then shift back into the adult role such that you are carrying both sides of the conversation. AD children often respond to this. This needs to be done in a matter-of-fact and not teasing way.
10. **UNINTELLIGIBLE SPEECH**: AD children frequently speak so that what they say cannot be clearly understood. Sometimes they mutter. Sometimes they speak very softly. Sometimes they make up words. Sometimes they scramble the order of words in a sentence. Sometimes they leave words out. While some AD children do have language disabilities, the majority of unintelligible speech used by AD children is a purposeful strategy. Like lying, unintelligible speech is another way to keep parents in the position of “not knowing and trying to find out”. Thus, if asked to repeat what was said unclearly, the AD child is likely to say it unclearly again, or refuse to repeat it, or blame the parents for not listening, or tell the parents that they had their chance and blew it. This follow-up frustrating of the parents only adds to the child’s unhelpful sense of power. Therefore, assume that if it was said unclearly, it wasn’t important, and move right on as if your child never spoke. If she later says that she already told you something, just tell her it didn’t get through. Then instruct your child that, in the future, when she has something that she wants you to know, to check with you when she tells you to make sure that you understood. If she doesn’t double-check with you, then she runs the risk that you don’t know what she wants you to know. This shifts the responsibility for communicating clearly onto the child.
11. Questions parents should avoid asking your AD child:
 - 1)“Did you...?”- the answer will most likely be “no”.
 - 2)“Why did you...?”- the answer will likely be made up or “I don’t know.”
 - 3)“Do you remember...?”- the answer will be “no”.
 - 4)“What did you say?”- see unintelligible speech.

Questions to ask: How...?, How is it that...?, How does it happen that...?, What...?, What happened? Should a question be asked that goes unanswered, it can be useful to tell the AD child that if he doesn’t answer, you will make up the answer for him and count that as his answer and use it as the basis for any related decision you might have to make.
12. **“WHY” QUESTIONS**: “Why?” questions from AD children are almost always maneuvers to undercut parental authority by getting information the child can use to argue that

the parents position is illegitimate. “Why?” questions are also usually false questions in that the child already knows the answer. The best responses to “Why?” questions are to either: 1) point out that the child already knows the answer, 2) ask the child to tell you the answer to his own question; or 3) a tongue-in-cheek, but not sarcastic, answer: (Example: child asks why he has to sit and eat dinner with the family- parent replies that it helps his body digest food to eat with other people and talk). Probably the least useful thing a parent can do with a “Why?” question is to take it as legitimate and to provide a meaningful answer.

13. **FORCED CHOICE**: With this strategy, parents give the AD child two choices, both of which are agreeable outcomes to the parents. Example: choice one: go to bed on time tonight and you get to stay up until your regular bedtime tomorrow night; choice two: for each minute you are late getting in bed tonight, five minutes will be taken off your bedtime tomorrow night. The parents then step back and allow the child's behavior to "tell the tale" of what will happen. The fact that both outcomes stem directly from the child's behavior teaches the concepts of both choice and cause-effect and makes it more difficult for the child to frame the outcome as resulting from the parents' just being “mean”.
14. **OVERPRACTICE**: After a child breaks or “forgets” a rule, she must practice following the rule. Example: Child orders parents around rather than making requests. Rather than correct the child and then grant the request after it is phrased respectfully, the parent has the child approach the parent several times in a row, repeating the same request each time. It might then be honored after 3-4 practice rounds. The whole exercise is defined as practicing the “skill of making requests” since the earlier behavior indicated that the child did not how to do this properly.
15. **SOMETHING WILL HAPPEN** (unpredictability): Rather than confronting the AD child with a specific consequence in the moment, it can be very effective to say something like: “You can make that choice. I don't think it's a good move and something will happen.” Parents must be ready to follow through in some specific way should the child make the poor choice. However, the follow through can come several days later. That intervening period of waiting for the other shoe to drop can have significant impact on the AD child (though not the first time around). At the time of imposing the consequence, reference the prior warning that “something will happen” and identify that this is that something to insure your child gets the connection.
16. **PLANNED REGRESSIONS**: This involves setting aside specific time periods during which the child is allowed to regress to whatever age he would like to be. This is set up as a special game or play-time between parent and child. As part of these planned regressions, the parents actually handle the child as if he were the younger age he's pretending to be. One common technique is feeding the child with a baby bottle. Such planned time for “backing up” can help AD children pick up missed developmental pieces. This approach generally works better the younger the child is, but can be effective even with early adolescents. It should be done without a sibling audience.
17. **REJECTING THE FAMILY**: When an AD child voices a wish to not be part of the family, periodically removing the child from some or all of normal family routines can be more useful than trying to include the child, who then may ruin whatever is

happening for everyone. Then, instead of the family experiencing activities being sabotaged, the child experiences the natural consequences of his wish not to be involved. Physical removal, while possibly seeming a bit “harsh” at first, serves to make the child’s wish very concrete so he can really experience it. This can lead the child to begin to rethink his choices.

18. **PARADOXICAL INTERVENTIONS**: Precisely because they are nonlinear and illogical and therefore are not undercut by direct oppositionalism, paradoxical interventions can be very effective with AD children. Two examples are:
 - ♥ Humorous, but not mocking agreement with the child's critical views of the family. Example: Openly agreeing that the child has gotten a raw deal in having to live with such a stupid and boring family and she should be upset.
 - ♥ Predicting and implicitly giving permission for limited misbehavior. Example: I know that you are probably going to argue, complain, be rude, get silly, whine, ignore me, and have a tantrum about _____. Would you tell me how much time you need for your tantrum ?”

19. **ACCESSING ANGER**: (This intervention should NOT be used with children prone to angry outbursts, tantrums, aggression, etc. It can be useful for children who express their anger indirectly through passive-aggressive or nuisance behaviors or are inordinately fearful of anger). Anger is essential to the defining and maintaining of appropriate boundaries between oneself and the world. AD children who cannot access their anger and use it as a boundary tool, tend to perceive the world as a chronic invasive threat and themselves as relatively helpless. This intervention can help address these factors. 1) Parent and child sit three feet apart, facing each other. 2) Each person picks an angry phrase to use that is agreeable to both. Over time, the phrases used by the child should move towards ones that are more uncomfortable to say. 3) Decide on the voice volume both parent and child will use. Over time, this should get progressively louder. 4) Agree on a length of time from ten to thirty seconds. Use a timer to monitor. 5) Both parent and child begin saying their phrases at the same time at the agreed upon voice level. There is no listening involved. 6) Discuss the experience briefly afterwards as needed. This exercise is done only once in any given day. It can be practiced regularly, though not necessarily daily, until the most uncomfortable phrases can be repeated, with an elevated voice, for a full 30 seconds.

20. **TANTRUMS / MELTDOWNS**: Different children require differing approaches in order to come out of a tantrum. Some children will need direct confrontation, others will need a warm and supportive approach including affectionate holding, while still others will need to be left alone for a while as their psychological boundaries are weakened during an outburst. A mismatch will produce escalating panic and prolong the tantrum.

21. **POINT PLANS**: Point plans come in many varieties that differ in multiple ways. One of the ways they differ is the time period of their cycling: hourly, daily, weekly, or monthly. For AD children, given their difficulties with temporal perception, daily-based plans are the best choice. A daily plan provides practice at learning to make connections across a 24-hour time period and it can contribute to safety by emphasizing the 24-hour rhythm of family life. One way to structure a daily plan is

that each day's privileges must be earned by meeting certain behavioral criteria the day before. Things that may have been givens, such as free time, can be redefined as privileges and incorporated into such a plan. If the criteria aren't met, the relevant privileges are lost for the next day, but the next day also brings another opportunity to earn them anew.

22. **ORPHANAGE BEHAVIOR:** When AD children have spent time in an orphanage, they frequently pick up behaviors that were useful in that context such as hoarding, stealing, lying, setting others up, physical aggression, and poor hygiene. When these behaviors show up in the family, label them "orphanage behavior" and define them as reflecting the child's difficulty in perceiving changes across time. Therefore they are acting as if they are still "then and there" rather than "here and now". The expectation is that they will learn to tell the difference between "then" and "now" and drop the behaviors that belong to "then". In addition to impacting behavior, this intervention simultaneously helps improve temporal perception.
23. **PROBLEMATIC SITUATIONS:** With situations wherein there have been problems, before re-entering the situation, review what happened the previous time and explain what is expected this time. Get a firm commitment from the child to follow the expectations. The commitment takes the form of repeating back to you the expectations, not just a single-word answer. If your child won't do this or does it incorrectly on purpose, don't take her back into the situation. That simply invites history to repeat itself.

PROMOTING ATTACHMENT IN VERY YOUNG CHILDREN: AGES 0 - 5

Regardless of the child's age, it is optimal if one parent is home full-time for the first six months post-adoption, and there are no separations longer than a weekend during the first year. If there are still significant problems after the initial six months, that is a reliable indicator that professional help should be sought.

0 - 6 MONTHS: Maximize physical contact with your infant during feeding, changing, bathing and by obtaining a front mounting pack for carrying. Rocking, stroking and lots of infant massages can help as well. Maximize face-to-face communication. Seek to match your child's facial expressions and vocal qualities to promote bonding. Observe whether your infant responds to one sensory modality more than another. If so, draw on that sense more when interacting. Identify which sounds, types of touch, rhythms, positions, sights, and smells your infant enjoys. Pair these up with things that cause a startle reaction to lower anxiety. If your infant is primarily a self-soother, imitate his soothing activities (e.g., rocking) and add an additional element such as singing or comforting touch. Allow your infant to look away as this is often in the service of self-regulation and don't force excessive eye contact. Sleep with the baby in your bed or next to it with crib with the side rail down.

6 -10 MONTHS: Maintain a consistent routine to promote physiological regulation. Allow your infant her full range of feelings. Crying now may just signal a feeling and not a call for help. This kind of cry need not be immediately soothed, but attachment can be promoted by staying with your infant while she's distressed, for your physical presence validates her feeling. Attachment problems make an infant prone to backslide or regress developmentally. Allow some degree of this. Interacting with your infant at a temporarily regressed level can help fill in any earlier gaps in the attachment process. Imitate any

constructive self-soothing behaviors to reinforce them. If you adopt an infant at this age, transfer as many elements from the previous placement as possible, into your home. If your infant attached to his previous caretaker, expect a grief reaction. This can sound like a more despairing cry than other infant cries. Offer physical comfort, but know that this grief can be inconsolable. If your infant doesn't relax, then remain with him so that his grief becomes part of his relationship with you. This will facilitate bonding and attachment.

10 - 18 MONTHS: Many of the techniques for younger infants also apply now. Allowing regression, and interacting with your infant while she is regressed can become more important, as a method of filling in the previous attachment gaps, as the child gets older. If your child moves away from you to explore, but does not return to check in, you can encourage checking-in by placing some favorite objects near you after she has moved away and calling her attention to them. Praise your child for returning.

15 - 24 MONTHS: When your child's wooing becomes coercion, limit the attention available and redirect your toddler to another activity. Firm limits are important to complete the bonding cycle of trusting limits. If this isn't done, there is a risk of unraveling the attachment gains made to this point. Overindulgence, though well intended, will bear no good fruit. Watch for opportunities to use language to assist your child to understand and express feelings and ideas. To the degree things can be expressed verbally, they won't be acted out behaviorally.

If you adopt a child of this age, record all the details of placement day and of the previous caretakers. Maintain contact with those caregivers, including visits, and later phone calls and cards. The frequency of contact should lessen over time. Allow open discussion about previous caretakers. This will facilitate the transfer of bonding and attachment from them to you.

24 - 36 MONTHS: Regressions are likely during this period as well if attachment is poor. Allowing for these and interacting with your toddler during them can strengthen weak spots from previous stages. Guard against any temptations to be overprotective as this will interfere with resolving separation anxiety. Build in planned absences as they can facilitate the resolution of separation anxiety. Keep expectations realistic. This is particularly important for parents who adopt a two - three-year-old. Unrealistic expectations will block attachment from developing by creating a preponderance of disappointment.

3-5 YEARS: The weak reality testing characteristic of this age (egocentrism and magical thinking) makes the use of the word "real", very tricky. It will probably get interpreted as real vs. pretend or fake and this can complicate attachment and identity. Therefore, avoid this word and use functionally descriptive labels such as "birth parents" or "the parents who are raising you". Avoid the use of "forever parents"; it is too abstract. If you have the information, making the birth mother concrete with photos, her name, and telling stories of the child's pre-adoptive life, based on information that you do have, can reduce the distraction that comes from not knowing. It is useful to point out likenesses between your adopted child and the rest of the family (appearance, qualities, activities, interests, foods liked or disliked, etc.) in order to nourish belonging. By age 3.6, children understand that different skin tones are differentially valued in society. Don't deny this but instead, point out that it is not true within the family. Explain it as others' deficit and

not the child's. Make up stories, with your adoptive child as a central figure, of your family's life in the near and more distant future to nurture a sense of belonging going forward.

REFERENCES

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